## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

| • • . •          |                    | CLAIMS AS FILED - PART I     |                                  |                  |            |                 | -01                 | 449                                     |
|------------------|--------------------|------------------------------|----------------------------------|------------------|------------|-----------------|---------------------|---|
| ·                |                    | •                            | (Column 1)                       | •                | SMAL       | LENTITY         |                     |   |
| )                | TOTAL CLAIMS       | 3                            | Toologiu 1)                      | (Column 2)       | TYPE       | - EMILY         |                     | OTHER THAN                              |
| ١                | FOR                |                              |                                  |                  | RAT        |                 | OH S                | MALL ENTIT                              |
| į                | TOTAL CHARGE       | ABLE CLAIMS                  | NUMBER FILED                     | NUMBER EXTRA     | BASIC      |                 | ·L '                | RATE FEE                                |
|                  | INDEPENDENT CL     |                              | . ninus 20=                      | *                | X\$ 25     | 5= -            | 7.1-                | 0.0.00                                  |
|                  | MULTIPLE DEPEN     | DENT CLAIM PRI               | minus 3 =                        |                  | X100       | 1               | 7                   | \$50=                                   |
| ָ<br>ה           |                    |                              | •                                |                  | +180=      | 1               | JOR X               | 200=                                    |
| 2<br>2<br>2<br>3 | CI                 | Alle d'o 2 le:               | s than zero, enter               | 0", in column 2  | TOTAL      |                 | 7:                  | 60≈                                     |
| ا ت              |                    |                              | ENDED - PART                     | •                | • • •      | l               | OR TO               | · · · ·                                 |
| : ]              | 1=1127/04          | CLAIMS<br>REMAINING<br>AFTER | (Column<br>HIGHES<br>NUMBER      | T                | SMALL      | ENTITY          | OR SMA              | HER THAN<br>ALL ENTITY                  |
|                  | Total Undependent  | AMENOMENT                    | PREVIOUS<br>PAID FOI             | EXTON            | RATE       | ADDI-<br>TIONAL | FLAT                | ADDI-                                   |
| - 11             | U Independent      | Mir                          |                                  | 2 = -            | X\$ 25=    | FEE !           | -                   | FEE                                     |
|                  | FIRST PRESENT      | ATION OF MULTIN              | PLE DEPENDENT CL                 | 1 =              | X100=      | +               | OR X\$50            | 7                                       |
|                  |                    |                              |                                  | Aug Li           | +180=      | H               | DR X200             | =                                       |
|                  |                    |                              |                                  |                  | -10141     |                 | DE 101              | A = A + A + A + A + A + A + A + A + A + |
|                  |                    | COLUMN 1). CLAIKS REMAINING  | (Column 2                        | [Column 3]       | ADDIT FEE  | O               | TOT.<br>PR TIDON PI | Œ                                       |
| DMENT            | A                  | AFTER<br>MENOMENT            | NUMBER<br>PREVIOUSES<br>PAID FOR | PRESENT<br>EXTRA |            | ADDI-<br>TONAL  |                     | ADDI-                                   |
| NEW              | Total .            | Minu                         |                                  | =                |            | FEE             | FLATE               | TIONAL<br>FEE                           |
| N A              |                    | Minus<br>110ti DE MULTICA    | E DEPENDENT CLAI                 | F                | X\$ 25=    | OF              | X\$50±              |   |
|                  |                    | THE WOLLD                    | E DEPENDENT CLAI                 | M                | X100=      | OF              | X200=               |   |
|                  | ·                  |                              |                                  |                  | +180=      | OR              | +360=               |   |
| -                | 1 (0)              | olumn 1)<br>CLAIMS           | (Column 2)                       | (Column 3)       | ADDIT. FEE | OR.             | TOTAL<br>ADDIT, FEE |   |
| IZ.              | RE                 | MAINING<br>VÉTER             | HIGHEST<br>NUMBÉR                | PRESENT          |            | DOI             | ·                   |   |
| AMENDMENT        | Total              | HOMENT                       | PREVIOUSLY<br>PAID FOR           | EXTRA            | PLATE TIC  | DNAL .          | RATE.               | ADDI-<br>TIONAL                         |
| MEN              | Independent 4.     | Minus                        | **                               | c                | X\$ 25=    | EE              |                     | FEE                                     |
| ⋖                | FIRST PRESENTATION | Minus<br>ON OF MULTIPLE      | DEBENDER OF ANY                  | £                | X100=      | OR'             | X\$50=              |   |
|                  |                    |                              | SET CHOCKI CLAIM                 |                  |            | OR              | X200=               |   |
|                  |                    |                              |                                  | l                | +180=      | OR              | +360=               |   |
|                  | *                  |                              |                                  |                  |            | _               |                     |   |
| <del></del>      | <u> </u>           |                              |                                  |                  | ÷.         |                 |                     | .                                       |